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## BIB DATA SHEET

CONFIRMATION NO. 5997

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/564,057	06/26/2007 RULE	424	1645	81190-3002		
<b>APPLICANTS</b> Michelle Alfa, Manitoba, CANADA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/CA04/01005 07/12/2004 which claims benefit of 60/485,722 07/10/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 08/28/2007						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/NINA ARCHIE/</u> <u>Examiner's Signature</u>		<input type="checkbox"/> Met after Allowance <u>naa</u> <u>Initials</u>	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Ade & Company 1795 Henderson Highway P.O. Box 28006 Winnipeg Manitoba, R2G 0P1 CANADA						
<b>TITLE</b> Combination Therapy for Gastroenteric Diseases Caused by Microorganisms						
<b>FILING FEE RECEIVED</b> 540	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		